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NAME:	FACSIMILE:
MS AF US Patent and Trademark Office	(571) 273-8300

FROM: Michael R. Ward
Reg. No. 38,651

DATE: April 25, 2007

Number of pages with cover page:	5	Originals will NOT follow
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ATTORNEY DOCKET NO.: 416272003700
SERIAL NO.: 10/664,513
FILING DATE: September 16, 2003
ART UNIT: 1655
EXAMINER: P.C. MARTIN
INVENTOR(S): Marc K. HELLERSTEIN
TITLE: BIOCHEMICAL METHODS FOR MEASURING METABOLIC FITNESS OF
TISSUES OR WHOLE ORGANISMS

Papers attached herewith:

1. Transmittal - 1 page
2. Fee Transmittal (in duplicate) - 2 pages
3. Petition for Extension of Time - 1 page

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sf-2311928

APR 25 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0861-0032
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Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number 10/664,513 Filing Date September 16, 2003 First Named Inventor Marc K. HELLERSTEIN Examiner Name P. C. Martin Art Unit 1655 Attorney Docket No. 416272003700	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1080.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morraion & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	0
Plant	200	100	300	150	160	80	0
Reissue	300	150	500	250	600	300	0
Provisional	200	100	0	0	0	0	0
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.		Fee (\$)		Fee Paid (\$)		0	
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
HP = highest number of independent claims paid for, if greater than 3.		Fee (\$)		Fee Paid (\$)		0	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/ 50		(round up to a whole number), x		Fee Paid (\$)	
0		0		0		0	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1255 Extension for response within fifth month							1080.00

SUBMITTED BY			
Signature <i>Michael R. Ward</i>	Registration No. (Attorney/Agent) 38,651	Telephone 415.288.6237	
Name (Print/Type) Michael R. Ward		Date April 26, 2007	

I hereby certify that this paper is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: April 26, 2007	Signature: <i>Vicki Henry</i> (Vicki Henry)

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PTO/SB/21 (09-06)

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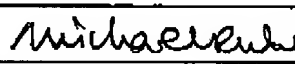
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TRANSMITTAL FORM		Application Number	10/664,513
		Filing Date	September 16, 2003
		First Named Inventor	Marc K. HELLERSTEIN
		Art Unit	1655
		Examiner Name	P.C. Martin
		Attorney Docket Number	416272003700
(To be used for all correspondence after initial filing)		Total Number of Pages in This Submission	4

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form, in duplicate, 2 pages <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Facsimile cover sheet is the uncounted page in this transmission.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP	(Customer No. 20872)
Signature		
Printed name	Michael R. Ward	
Date	April 25, 2007	Reg. No. 38,651

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PTO/SB/22 (C9-06)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 416272003700	
Application Number 10/664,513		Filed September 16, 2003	
For BIOCHEMICAL METHODS FOR MEASURING METABOLIC FITNESS OF TISSUES OR WHOLE ORGANISMS			
Art Unit 1655		Examiner P.C. Martin	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ <u>1080</u>
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>38,651</u>			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34,			
Registration number if acting under 37 CFR 1.34 _____			
<u>Michael R. Ward</u> Signature		<u>April 25, 2007</u> Date	
<u>Michael R. Ward</u> Typed or printed name		<u>415.268.6237</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.			

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